Email to the SAC Committee Chair, from Annemarie Ward, received 6 March 2025

I am writing to express serious concerns regarding the oral evidence presented at the Home Affairs Committee on 5 March 2025 as part of an inquiry into problem drug use in Scotland and the effectiveness of Glasgow's Safer Drug Consumption Facility, The Thistle. After reviewing the testimonies provided, it is clear that several key claims made in support of harm reduction strategies—including drug consumption rooms (DCRs) and Portugal's decriminalisation model—are contradicted by independent, peer-reviewed research.

Key Contradictions in the Evidence Given

Effectiveness of Drug Consumption Rooms (DCRs)

Claim (Prof. Andrew McAuley, Glasgow Caledonian University): DCRs do not increase crime.

Contradiction: Evidence from North America and Europe suggests otherwise. Studies from Vancouver, San Francisco, and US cities with similar policies demonstrate rising public disorder, open drug use, and increased drug trafficking in areas surrounding supervised consumption sites. Rather than reducing harm, these sites have often concentrated problematic drug use, leading to community opposition and safety concerns. (Sources: Humphreys, 2024; Wood et al., 2006; EMCDDA, 2022).

Public Injecting in Glasgow

Claim (Cllr Allan Casey, Glasgow City Council): Public injecting has decreased due to the Thistle DCR.

Contradiction: Local reports, video evidence, and eyewitness accounts contradict this claim. Public injecting remains prevalent near Morrisons and other surrounding areas, demonstrating that the DCR has failed to curb street-level drug use. Glasgow has spent millions on harm reduction initiatives, yet visible drug use persists, undermining the effectiveness of these interventions. (Sources: Citizen journalism reports, Humphreys, 2024).

Portugal's Decriminalisation Model

Claim (Prof. Catriona Matheson, University of Stirling): Portugal's drug policy is a success and should be replicated in Scotland.

Contradiction: Independent analyses reveal a different reality. Since Portugal decriminalised drugs, there has been an increase in drug use, a greater reliance on harm reduction services, and stagnant long-term recovery rates. The decline in overdose deaths often cited as proof of success was only temporary, with fatalities later rising again. Simply removing criminal penalties without a significant investment in recovery services has not yielded the long-term improvements claimed. (Sources: Dalgarno Institute, 2018; Refuting False Claims, 2019; Greenwald, 2009).

Impact on Crime and Public Safety

Claim (Prof. Andrew McAuley): DCRs do not increase crime.

Contradiction: Data from Vancouver, San Francisco, and US cities with similar policies show a pattern of rising crime rates, drug trafficking, and public disorder in areas surrounding DCRs. Far from reducing harm, these facilities have become hubs for illicit drug markets, with dealers exploiting the concentrated user population. Cities that initially embraced harm reduction policies, such as Portland and San Francisco, are now reversing course due to overwhelming evidence of worsening public safety. (Sources: Humphreys, 2024; EMCDDA, 2022).

Cost-Effectiveness of DCRs

Claim (Cllr Allan Casey): DCRs provide good value for public spending.

Contradiction: Glasgow has continued to invest millions into harm reduction services while maintaining only 23 residential rehab beds. Research consistently demonstrates that residential rehabilitation offers a more cost-effective long-term solution, leading to sustained recovery rather than perpetuating dependence. In England, recovery-oriented policies have resulted in significantly lower drug death rates despite comparable socioeconomic conditions. By contrast, Scotland has prioritised harm reduction spending over evidence-based recovery services, failing to produce meaningful improvements. (Sources: Humphreys, 2024; EMCDDA, 2022; FAVOR UK, 2024).

Concerns Over Selective Use of Evidence

The evidence presented in favour of harm reduction appears to be highly selective, portraying it as an uncontested success while disregarding mounting evidence to the contrary. Independent research from Keith Humphreys, the Dalgarno Institute, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and numerous other international studies contradicts this one-sided narrative. The failure to acknowledge these findings risks shaping policy based on ideological preference rather than objective analysis.

Final Considerations

Harm reduction alone does not reduce addiction—relapse rates remain high. While interventions such as supervised consumption sites aim to prevent immediate harm, they do not provide a pathway to recovery. Long-term studies show that without structured rehabilitation and abstinence-focused support, many individuals remain trapped in addiction for years. (Sources: Humphreys, 2024; Greenwald, 2009).

Crime increases near supervised consumption sites—rather than decreases. Evidence from Vancouver, San Francisco, and US cities implementing similar policies has shown that DCRs frequently become hotspots for drug trafficking, public disorder, and criminal activity, contradicting claims that they reduce crime. (Sources: EMCDDA, 2022; Wood et al., 2006).

Portugal's decriminalisation model is not an unquestioned success—drug-related harms persist. Contrary to popular claims, Portugal has seen rising drug use, increased reliance on harm reduction services, and a stagnation in long-term recovery rates. The temporary decline in drug deaths following decriminalisation has since been reversed. (Sources: Dalgarno Institute, 2018; Refuting False Claims, 2019; Greenwald, 2009).

Harm reduction receives disproportionate funding while rehab remains neglected, leaving many in prolonged dependency rather than real recovery. In Scotland, millions are spent on harm maintenance policies such as methadone and supervised consumption, while residential rehab

remains underfunded, with only 23 beds available in Glasgow. (Sources: FAVOR UK, 2024; Humphreys, 2024).

Call for a Balanced Approach

Given these significant contradictions and the selective use of evidence, I urge the Committee to adopt a more balanced approach—one that ensures policy decisions are based on comprehensive, peer-reviewed research rather than selective advocacy. The future of addiction policy in Scotland must be driven by real outcomes, not ideological bias.